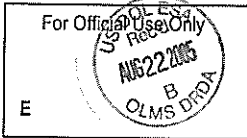


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13653</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Thomas J Halligan</u> P.O. Box, Bldg., Room No., if any Street <u>16 Arbour Lane</u> City <u>West Seneca</u> State <u>New York</u> ZIP Code + 4 <u>14220</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers AFL-CIO Local 6</u> Labor Organization File Number <u>018-504</u> P.O. Box, Building and Room Number, if any Street <u>196 Orchard Park Road</u> City <u>West Seneca</u> State <u>New York</u> ZIP Code + 4 <u>14224</u>
5. Position in labor organization. <u>President of Local 6</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas Halligan</u>	On <u>8/12/05</u> Date	<u>(716) 828-1200</u> Telephone Number

Name of Person Filing Thomas Halligan	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Ironworkers Local 6 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 196 Orchard Park Road</p> <p>City West Seneca</p> <p>State New York ZIP Code + 4 14224</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ironworkers Local 6 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 196 Orchard Park Road</p> <p>City West Seneca</p> <p>State New York ZIP Code + 4 14224</p>	<p>11.a. Nature of such dealing.</p> <p>Union officer who was reimbursed expenses as a Trustee of Ironworkers Local 6 Pension Fund.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>All payments for reimbursement of expenses and lost wages are for times spent as a Trustee of Ironworkers Local 6 Pension Fund. See attached schedule.</p>
	<p>12.b. Amount. \$498</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Thomas Halligan

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Actuarial Consulting Services, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite A

Street 220 Northpoint Parkway

City Amherst

State New York ZIP Code + 4 14228

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Local 6 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 196 Orchard Park Road

City West Seneca

State New York ZIP Code + 4 14224

11.a. Nature of such dealing.

Actuarial Consulting Firm for Ironworkers Local 6 Pension Fund

11.b. Approximate dollar value of such dealing. \$76,159

12.a. Nature of interest held or income received.

An officer of the consulting firm paid for dinner on April 26, 2004 while in Washington D.C. for meeting with the PBGC regarding Pension Fund matters.

12.b. Amount. \$37

Thomas J. Halligan

File Number - None

Fiscal Year Ended - December 31, 2004

Supporting Schedule to Part B, Item 12b Form LM-30

<u>Date of Payment</u>	<u>Amount of Payment</u>	<u>Description</u>
3/26/2004	\$ 248.00	Reimbursement for lost wages 3/25/04 Trustee Meeting
3/25/2004	\$ 46.00	Value of Lunch served at Trustees Meeting of 03/25/04
6/17/2004	\$ 46.00	Value of Lunch served at Trustees Meeting of 06/17/04
9/16/2004	\$ 49.00	Value of Lunch served at Trustees Meeting of 09/16/04
12/16/2004	<u>\$ 109.00</u>	Value of Lunch served at Trustees Meeting of 12/16/04
	<u>\$ 498.00</u>	